

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**  
**PHYSICIAN AND SURGEON**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If a SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

1. Submit a Federation Credentials Verification Service (FCVS) report that includes primary source verification of your medical education, post-graduate training, examination scores, disciplinary actions (*if any*), and Education Commission for Foreign Medical Graduates (ECFMG) Certification that is valid indefinitely (*if applicable*) as outlined in #1 of “Additional Important Information” below.

Request an application packet from the Federation Credentials Verification Service, P.O. Box 970900, Dallas, TX 75397-0900, Telephone (817) 868-5000, Fax (817) 868-5009, [www.fsmb.org](http://www.fsmb.org). Complete and return the FCVS application to FCVS who will submit the report directly to DOPL. **Allow 60 to 90 days** for DOPL to receive the report from FCVS before submitting this application to DOPL.

**NOTE: A FCVS report is required for every applicant for licensure in Utah, even if applying for a temporary license.**

2. If you are **currently** licensed as a physician in another state, submit verification of licensure from that state. If you are licensed in more than one state, submit verification of licensure from at least two states in which you are **currently** licensed. Request that the verifying state(s) complete the form(s) and mail them directly to DOPL or return them to you for submission with your application.

Utah participates in the VeriDoc® Physician Verification System. To access this system, go to [www.veridoc.org](http://www.veridoc.org) and follow the instructions provided. Use of this system will timely transmit your verification directly to DOPL. *(You may also use VeriDoc® to send verification of your Utah license to any other state Medical or Osteopathic Board.)*

If the verifying state does not participate in VeriDoc®, you may use the “Request for Verification of License” form *(attached to this application)* to verify licensure in another state. Request that the verifying state(s) complete the form(s) and mail them directly to DOPL or return them to you for submission with your application.

3. Submit a **\$200.00** non-refundable application-processing fee for a physician and surgeon license, made payable to “DOPL.”
4. If you are applying for a Utah controlled substance license, additionally submit the following:

- ☐ a completed take-home “Utah Controlled Substances Law and Rules Examination” *(pages 13 and 14 of this application)*
- ☐ a **\$90.00** non-refundable application-processing fee for a controlled substance license

**NOTE:** The total fees for a physician and surgeon license and a controlled substance license are \$290.00.

5. If you are applying for licensure by endorsement and want a temporary physician and surgeon license, additionally submit the following: *(See requirements on page 11.)*

- ☐ a **\$50.00** non-refundable application-processing fee for a temporary license

**NOTE:** The total fees for a physician and surgeon license and a temporary physician and surgeon license are \$250.00.

The total fees for a physician and surgeon license and a temporary physician and surgeon license and a controlled substance license are \$340.00.

**NOTE: If applying by endorsement, you must still complete a FCVS application as explained in #1 above.**

- ❑ a written statement from a healthcare facility stating that you will be practicing under the invitation of that facility

**OR**

a written statement from two physicians licensed and in good standing in Utah who are extending an invitation to you to practice at the same clinical location as those same two physicians

- ❑ a completed application including the temporary section of this application (*pg. 12*)

**NOTE: If applying by endorsement and for a temporary license, you must still complete a FCVS application as explained in #1 above.**

6. If you are applying for licensure by endorsement and want a temporary Utah controlled substance license, additionally submit the following: (*See requirements on page 11.*)

- ❑ an additional **\$50.00** non-refundable application-processing fee for a temporary controlled substance license

**NOTE:** The total fees for a physician and surgeon license and a temporary physician and surgeon license and a controlled substance license and a temporary controlled substance license are \$390.00.

**NOTE: If applying by endorsement and for a temporary license, you must still complete an FCVS application as explained in #1 above.**

7. If you are applying for license reinstatement after two years of expiration of license, you must submit an additional \$50. non-refundable reinstatement fee for each license in addition to the application-processing fee.

## **ADDITIONAL IMPORTANT INFORMATION**

1. **Requirements for Licensure:** All applicants for licensure as a physician and surgeon must meet the requirements as detailed in the Utah Medical Practice Act and Rules. Additional requirements may be found in the Division of Occupational and Professional Licensing Act and Rules and the Utah Controlled Substances Act and Rules. Requirements include **but are not limited** to the following:

- a. An earned degree of Doctor of Medicine from an LCME accredited medical school or college.

**OR**

A current ECFMG certificate valid indefinitely, if you are a graduate from a foreign

medical school. This certificate must also document your ability to read, write, speak, understand, and be understood in the English language.

- b. Successful completion of 24 months of progressive resident training in an ACGME approved program after receiving your medical degree.

**OR**

Successful completion of 12 months of ACGME approved residency; current, successful participation in an ACGME approved residency program within Utah; and agreement to the conditions set forth in the Utah Medical Practice Act.

- c. If requested, meet with the Physicians Licensing Board.

- 2. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The specific requirements for Utah licensure as a physician and surgeon are outlined in the Utah Medical Practice Act and Rules. General licensure requirements are set forth in the Division of Occupational and Professional Licensing Act and Rules.

The following applicable laws and rules are available at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Utah Medical Practice Act
- ☐ Utah Medical Practice Act Rules
- ☐ Utah Controlled Substances Act
- ☐ Controlled Substance Act Rules
- ☐ Physicians Education Fund
- ☐ Health Care Providers Immunity from Liability Act
- ☐ Mental Health Professional Practice Act
- ☐ Mental Health Professional Practice Act Rules

- 3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

- 4. **National Examinations:** Applicants must pass the required national examinations in one of the following categories:

- ☐ The United States Medical Licensing Examination (USMLE): steps 1, 2, and 3.
- ☐ The FLEX components 1 and 2.
- ☐ The National Board of Medical Examiners (NBME) examination parts I, II, and III.
- ☐ The NBME part I **or** the USMLE step 1 and the NBME part II **or** the USMLE step 2 and the NBME part III **or** the USMLE step 3.
- ☐ The FLEX component 1 and the USMLE step 3.
- ☐ The NBME part I **or** the USMLE step 1 and the NBME part II **or** the USMLE step 2 and the FLEX component 2.
- ☐ The Licentiate of the Medical Council of Canada (LMCC) parts 1 and 2.

5. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home “Utah Controlled Substances Law and Rules Examination”. Return the completed examination with your application for licensure if you are applying for a controlled substance license in addition to your physician license. Do not submit it separately.
6. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of medicine in Utah. For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
7. **Foreign Medical Graduates:** All foreign medical graduates are required to hold a valid ECFMG Certificate. Please contact the Education Council for Foreign Medical Graduates at (215) 386-5900 for more information. Foreign medical graduates must also successfully complete 24 months of progressive resident training in a program approved by the ACGME, the Royal College of Physicians & Surgeons, the College of Family Physicians of Canada, or any similar body, approved by DOPL.
8. **Designation of Contact Person for Access to Medical Records:** In accordance with Subsection 58-67-302(1)(j) of the Utah Code, you are required to designate a contact person and an alternate contact person who will help your patients obtain their medical records if you are not available to provide such access to them. You must identify a method (*i.e. letter, phone number*) for notifying patients of the identity and location of the contact person and alternate contact person. This requirement has been established in accordance with the Federal Health Insurance Portability and Accountability Act. If this information is not included on the application, your application will be considered incomplete and may be denied. Please note that once you are licensed, you must keep DOPL informed of any changes, and current information must be on file in order to renew the license. Failure to do so may result in disciplinary action.
9. **License Renewal:** All Utah physician and surgeon licenses expire January 31 of every even-numbered year. If you possess a controlled substance license, it will expire at the same time as your physician and surgeon license and will also need to be renewed.

Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

**NOTE:** A cashed check does not constitute issuance of a new or renewed license. Fee processing is simply the first step in the evaluation process.

10. **Renewal Requirements / Continuing Education:** In order to renew your license you must complete at least 40 hours in Category 1 ACCME continuing education in each two-year license renewal cycle.
11. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
12. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
13. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
14. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office – but not over the telephone.
15. **Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

16. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675
17. **Fax Number:** (801) 530-6511

# APPLICATION for LICENSURE

## GENERAL INFORMATION

License(s) Applying For: ☐ Physician and Surgeon  
☐ Physician and Surgeon Temporary  
☐ Controlled Substance  
☐ Controlled Substance Temporary

**NOTE:** You cannot apply for a temporary license separately.

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**MEDICAL SCHOOL** *(Use additional sheets if necessary.)*

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**GRADUATE MEDICAL EDUCATION OR TRAINING**

Complete the information below and account for **all** periods of training or postgraduate work from the time you graduated from medical school. *(Use additional sheets if necessary.)*

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Position (*intern, resident, fellow*): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Position (*intern, resident, fellow*): \_\_\_\_\_



## AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a physician and surgeon in Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PROFESSIONAL EXAMINATION REQUIREMENT

### Number of Attempts

\_\_\_\_\_ USMLE part 1, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ USMLE part 2, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ USMLE part 3, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ FLEX part I, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ FLEX part II, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ FLEX, Combined, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ NBME part I, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ NBME part II, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ NBME part III, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ LMCC part 1, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ LMCC part 2, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Utah Controlled Substances Exam, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

## LICENSES

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. *(Use additional sheets if necessary.)*

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## **AFFIDAVIT IF APPLYING FOR LICENSURE FOR RESIDENCY TRAINING IN UTAH**

I have successfully completed 12 months of resident training in an ACGME approved program after receiving a degree of doctor of medicine. I am successfully participating in an ACGME progressive residency program within Utah with no disciplinary action. I agree to surrender my license to DOPL without any proceedings under the Administrative Procedures Act and DOPL will automatically revoke my license as a physician and surgeon if I fail to continue in good standing in the ACGME approved residency program within Utah.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **DESIGNATION OF CONTACT PERSON FOR ACCESS TO MEDICAL RECORDS**

In accordance with Subsection 58-67-302(1)(j) of the Utah Code and the Federal HIPAA Regulations, every physician licensed in Utah must designate a contact person and an alternate contact person for access to his/her patients' medical records and provide such information to the DOPL. Each applicant is also required to establish a method of notifying patients of the identity and location of the contact persons (*i.e. a phone number or address where patients can obtain their medical records*).

If a hospital, clinic, or other medical facility is the owner of your patients' medical records, the facility's records department could be listed as the primary contact. You may list yourself as the primary contact, but you must also provide an alternate contact.

Please note that this statute became law in 2005 due to complaints from patients who could not gain access to their medical records. DOPL's responsibility is only to collect each physician's contact information and to provide it to patients upon request. If you have not provided accurate information to DOPL, you could be investigated for unprofessional conduct.

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Alternate Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Method of Notifying Patients of Location of Records: (*check all that apply*)

- ☐ Phone
- ☐ Mail
- ☐ In Person

## LICENSURE BY ENDORSEMENT

You may apply by endorsement if you:

- are currently licensed, in good standing, in another state,
- have been actively engaged in the legal practice of medicine for no less than 6,000 hours in the past 5 years, and
- do not have any action pending against your license.

**NOTE: If applying by endorsement, you must still complete a FCVS application.**

Please list your professional work experience showing that you have been actively engaged in the legal practice of medicine in the United States. Account for all periods of time since you completed your post-graduate training. *(Use additional sheets if necessary.)*

From Date	To Date	Practice Experience and Location

I hereby certify that I am currently licensed with a full, unrestricted license in good standing in another state, district or territory of the United States. I have been actively engaged in the legal practice of medicine for not less than 6,000 hours during the five years immediately preceding the date of this application. I have no actions pending against any medical license.

I certify that I meet the endorsement qualifications for licensure in Utah.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## REQUEST FOR TEMPORARY LICENSURE (*Endorsement Applicants Only*)

If you are applying by endorsement, you may also request a temporary license while waiting for this application to be processed. To qualify for a temporary license, you must meet all of the endorsement requirements listed above and submit a written statement from one of the following:

- a healthcare facility stating that you will be practicing under the invitation of that facility
- two individuals licensed and in good standing in Utah who are extending an invitation to you to practice at the same clinical location as those two physicians

**If you meet all requirements listed above to qualify for a temporary license, complete the following:**

Applicant Name: \_\_\_\_\_

Employing Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Telephone: \_\_\_\_\_ Date Employment Begins: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Applicant Received Letter(s) of Invitation: \_\_\_\_/\_\_\_\_/\_\_\_\_

State(s) Where Currently Licensed: (*Use Additional Sheets if Needed.*)

1. \_\_\_\_\_ License Number: \_\_\_\_\_

2. \_\_\_\_\_ License Number: \_\_\_\_\_

3. \_\_\_\_\_ License Number: \_\_\_\_\_

4. \_\_\_\_\_ License Number: \_\_\_\_\_

I certify that I meet the qualifications for temporary licensure by endorsement in Utah.

I affirm that I will not practice in Utah until I have been granted a temporary physician license.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE.** A temporary license expires the earlier of:

1. issuance of a full license
2. the denial of application for full licensure as a physician and surgeon
3. one year from the date of issuance

# UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the examination is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1. \_\_\_\_\_ A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7)(f)(i)(B)]
2. \_\_\_\_\_ A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. [58-37-6(7)(f)(ii)]
3. \_\_\_\_\_ All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]
4. \_\_\_\_\_ Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours. (R156-37-601)
5. \_\_\_\_\_ All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]
6. \_\_\_\_\_ The name, address, and DEA registration number of the prescribing practitioner, and the name, address and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7)(d)]
7. \_\_\_\_\_ A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. [R156-37-603(7)]
8. \_\_\_\_\_ After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. [R156-37-602(2)]

*(Continued on the next page.)*

9. \_\_\_\_\_ The maximum number of controlled substances that can be written on a single prescription form is one. [R156-37-603(3)]
10. \_\_\_\_\_ An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order. [R156-37-605]
11. \_\_\_\_\_ A prescribing practitioner in Utah may not dispense prescription medications to his/her patients except for manufacturers' samples. [58-37-2(1)(m) and 58-17b-102(28)]
12. \_\_\_\_\_ Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. [R156-37-502]
13. \_\_\_\_\_ A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contraindications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment. [R156-37-604(2)]

# PHYSICIAN AND SURGEON QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

*(Continued on the next page.)*

11. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
12. \_\_\_\_\_ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
13. \_\_\_\_\_ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
16. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
22. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)



23. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. \_\_\_\_\_ Do you currently have any criminal action pending?
25. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to question 15 above, you must submit a complete narrative of the circumstances and you must submit a National Practitioner Database document outlining all professional liability claims made against your license and any settlements paid by or on your behalf.**

**If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

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# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state, if applicable.)*

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are **currently** licensed as a physician. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the sealed verification of licensure with his/her Utah application.

Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Continuously Licensed:

☐ Yes ☐ No, please explain: \_\_\_\_\_

Licensed By:

☐ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Endorsement: from what state? \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required for Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(SEAL)